

Updated on 4/13/2023

Implications for CDC from End of COVID-19 Public Health Emergency Declaration

CDC is actively engaging with public health partners, communities, and others to learn more about how the end of the Public Health Emergency Declaration will impact them, answer questions, and get their suggestions and feedback.

Topline Messages

- The federal government [plans to end the COVID-19 Public Health Emergency \(PHE\)](#) on May 11, 2023.
- CDC remains dedicated to preventing severe illness and death from COVID-19, particularly for populations at higher risk. We will continue working to reduce the negative impact of COVID-19 after the PHE has ended.
- CDC has established [a new program for COVID-19](#) to tackle this serious health threat. We modernized our approach to tracking coronaviruses and other respiratory threats, and revamped immunization programs.
- CDC is actively working with other federal government agencies and offices to maintain [equitable access to vaccines, testing, and therapeutics](#) to the extent possible.
- CDC is working with other federal agencies, as well as academic institutions and research organizations, to learn more about the short- and [long-term health effects associated with COVID-19](#), who is affected, and why.
- CDC is reviewing COVID-19 guidance and will update as needed.
- CDC is continuing regular engagement and communication with jurisdictions and public health organizations about known impacts and changes related to the ending of the COVID-19 PHE declaration. As part of a comprehensive partner engagement strategy, CDC is having technical surveillance discussions with key public health organizations and is holding informational and listening sessions across all HHS regions and with partner organizations representing diverse populations who may be at higher risk for severe COVID-19 outcomes.

What the End of the PHE Means for CDC

- Most CDC COVID-19 data activities are not directly affected by the PHE (e.g., case and death reporting, national genomic surveillance, sentinel surveillance, wastewater surveillance, traveler genomic surveillance).
- Hospital data reporting will continue through April 30, 2024, but reporting may be reduced from the current daily reporting to a lesser frequency. Additional details are provided below.
- CDC, along with jurisdictional partners, is assessing ongoing surveillance needs and potential revisions to surveillance systems to efficiently continue tracking COVID-19 after the PHE ends and will share more information when available.
- The end of a public health emergency does not equate to the end of the current national vaccine distribution program or the availability of vaccine commercially. CDC has received many questions regarding commercializing COVID-19 vaccines. We continue to work with HHS on this process and are collecting questions to help ensure we address the needs of jurisdictions and

partners. We will share information as soon as we are able. Thank you for your patience and feedback as we enter this new phase.

- CDC's Amended Order Implementing Presidential Proclamation on Safe Resumption of Global Travel During the COVID-19 Pandemic will remain in effect until terminated by the president. It is implemented under a Presidential proclamation, [Advancing the Safe Resumption of Global Travel During the COVID-19 Pandemic](#).
- **Note:** The President signed a bipartisan congressional resolution on Monday, April 11, that immediately ended the COVID-19 National Emergency. An end to the COVID-19 national emergency does not impact current operations at CDC, nor does it impact the expected May 11 expiration of the federal COVID-19 PHE or CDC's planned adjustments to its surveillance and data visualization/reporting strategies relating to the PHE expiration. CDC does not have additional information on which other federal programs or activities may have been affected by the end of the COVID-19 National Emergency or how federal government partners plan to address any upcoming changes related to the National Emergency or the PHE expiration.

Data Impacts

- **Reduced reporting of negative laboratory tests for SARS-CoV-2**
 - **Context:** Ending the PHE declaration would revoke the CARES Act authority for HHS to require laboratory result reporting. This could result in states and local authorities receiving less consistent and comprehensive of SARS-CoV-2 laboratory result data which could also affect the quality of the data reported to CDC).
 - The change would likely primarily affect negative result reporting since laboratories and healthcare providers may still be required to report positive cases depending on state and local laws or regulations.
 - This may impact speed of reporting, as case reporting can often lag behind test reporting data.
 - The change would not affect calculation of [CDC COVID-19 Community Levels](#) but would impact the percent positivity metric used to understand [Transmission Levels](#). Transmission Levels are used by hospitals, as mandated by Centers for Medicare & Medicaid Services (CMS) to determine prevention measures/mitigation strategies.
 - **Impacts**
 - Percent positivity metric will likely no longer be available.
 - COVID-19 [Transmission Levels](#), used primarily for healthcare settings, would no longer be calculated, as they involve case and test positivity data.
 - CDC is determining how to address healthcare guidance without use of Transmission Levels.
- **Possible reduced submission of vaccine administration data from some jurisdictions**
 - **Context:** Data Use Agreements (DUAs) for COVID-19 vaccine administration were established with termination provisions that reference the PHE. State and territorial public health jurisdictions are being asked to extend this DUA through the end of 2023:
 - As of April 12, 2023, 57 jurisdictions have signed a COVID-19 DUA extension for weekly reporting, 4 jurisdictions will provide data quarterly as part of submission of

routine vaccine administration data, and 3 jurisdictions have not signed any DUA to enable sharing of COVID-19 vaccine administration data after the end of the PHE.

- **Impacts**
 - Receipt of vaccine administration data would be unaffected for those with signed DUAs with CDC to share data.
 - CDC is discussing DUAs with other jurisdictions where they are not yet in place.
 - However, CDC is aware that some state policies (i.e., opt-in policies) that were paused due to the PHE will likely be reinstated and may affect vaccination providers' ability to report vaccine administration to the state immunization information system (IIS). This could result in incomplete data at the IIS.
 - Without sharing of data from all jurisdictions, CDC will no longer have access to comprehensive data regarding who is being vaccinated. This will affect the ability to monitor implementation of vaccine recommendations, identify unvaccinated populations who may be susceptible to COVID-19, and evaluate vaccine effectiveness.
- **The cadence of COVID-19 hospitalization reporting may be reduced**
 - **Context:** In brief, CMS currently requires daily hospital reporting of COVID-19 and other data elements. CDC is working closely with CMS and the Administration for Strategic Preparedness and Response (ASPR) to determine which data elements remain critical for public health, preparedness, and patient safety following the conclusion of the PHE—and the frequency with which these need to be reported.
 - **More detail:** CMS Conditions of Participation regulations currently require the current reporting of hospitalization data and bed occupancy to be reported to CDC every day during the PHE. In its FY 2023 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (CMS-1771-F) released in August 2022, CMS finalized a revision to the hospital and critical access hospital (CAH) infection prevention and control conditions of participation (CoP) requirements that require hospitals and CAHs, after the conclusion of the current COVID-19 PHE, to continue reporting on a reduced number of COVID-19 data elements. The revisions will apply upon conclusion of the COVID-19 PHE and continue through April 30, 2024, unless the Secretary establishes an earlier ending date.
 - **Impacts**
 - CDC is working closely with CMS and ASPR to determine which data elements remain critical for public health, preparedness, and patient safety following the conclusion of the PHE—and the frequency with which these need to be reported.
 - CDC will share any guidance related to reporting requirement changes when they are issued by CMS.
 - Certain changes in hospitalization reporting might affect calculation of the COVID-19 Community Levels.
- **Possible reduction in number of pharmacy testing sites**
 - **Context:** The ending of the PHE may limit the ability for the CDC [Increasing Community Access to Testing \(ICATT\) for COVID-19 \(cdc.gov\)](#) program to provide no-cost COVID-19

testing for communities who are at a greater risk of being impacted by the pandemic and people without health insurance.

- Current federal agreements between pharmacies and ICATT will allow for continued no-cost COVID-19 testing of people who are uninsured; Although, the ICATT may have a reduction in COVID-19 testing locations after the PHE ends.
- ICATT pharmacy and surge testing vendors are funded for 6-month increments. Contracts are currently funded through May 2023. Funding beyond May 2023 will be announced as information becomes available.
- **Impacts**
 - Changes in insurance reimbursement policies may reduce the number of ICATT vendor sites offering testing.
 - CDC will continue to support testing for people who are uninsured through the ICATT program, although testing access may be reduced if fewer testing sites are available.
 - Please send questions regarding ICATT to ICATTProgram@cdc.gov.
- **Surveillance:** The lifting of the PHE provides an opportunity for CDC to reassess COVID-19 surveillance more broadly. We are engaging in discussions with partners and developing communication on the potential strategic and operational changes.
- **Exposure Notification System:** On May 11, 2023, in accordance with the expiration of the COVID-19 public health emergency declaration, the following components of the Exposure Notifications System in the United States will conclude:
 - National Key Server (NKS) and Multi-tenant Verification Server (MVS) Operations
 - Exposure Notifications Express (ENX) Solution

As a result, APHL will no longer be able to offer this service to any agency, including those utilizing Exposure Notifications Express, custom exposure notifications applications, or services that mirror the server.

CDC is committed to continuing to engage and communicate with jurisdictions and public health partners about the end of COVID-19 Public Health Emergency declaration as we learn more. **Please direct questions or concerns to eocevent208@cdc.gov.**

Additional Resources

- [HHS Public Health Emergency FAQ](#)
- CMS Resources
 - [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers \(cms.gov\)](#)
 - [CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency | CMS](#)
 - [Unwinding and Returning to Regular Operations after COVID-19 | Medicaid](#)
- [CDC's Amended Order Implementing Presidential Proclamation on Safe Resumption of Global Travel During the COVID-19 Pandemic](#)